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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

*Customer No.:* 23643  
*Art Unit:* 3677  
*Confirmation No.:* 6198  
*Application No.:* 10/798,690  
*Invention:* ACTIVATING MECHANISM FOR  
CLOSURES WITH FOUR LINK  
HINGES  
*Inventor:* Lester Derbis  
*Filed:* March 11, 2004  
*Attorney*  
*Docket:* 20556-74748  
*Examiner:* Jackson, Andre L.

Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 5/18/05

Karla J. Mays  
(Signature)

Karla J. Mays  
(Printed Name)

**AMENDMENT AND RESPONSE**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:



In response to the Office Action dated February 24, 2005, please amend the subject application as provided below, and consider the following remarks.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Amendments to the Drawings** begin on page 5 of this paper, and include two attached replacement sheets.

**Remarks** begin on page 6 of this paper.

IFW

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				<b>Docket No.</b> 20556-74748	
Applicant(s): Lester Derbis et al.					
Application No. 10/798,690	Filing Date March 11, 2004	Examiner Jackson, Andre L.	Customer No. 23643	Group Art Unit 3677	Confirmation No. 6198
Invention: <b>ACTUATING MECHANISM FOR CLOSURES WITH FOUR-LINK HINGES</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0435					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature			Dated: 5-18-05		
Dilip A. Kulkarni BARNES & THORNBURG LLP 11 S. Meridian Street Indianapolis, IN 46204 (317) 231-7419  Attorney Reg. No. 27,510			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>5/18/05</p><p>(Date)</p><p></p><p>Signature of Person Mailing Correspondence</p><p>Karla I. Mays</p><p>Typed or Printed Name of Person Mailing Correspondence</p></div>		
CC:					